



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

Attached is the sixth update on DHS projects, specifically the projects in the area of Mental Health. The Division of Mental Health and Disability Services (MHDS) is located in the Department of Human Services (DHS). The Department's goal is to implement a coordinated service system for all Iowans with mental illness, mental retardation, other developmental disabilities, or brain injury, in which individuals receive quality services that emphasize dignity and choice of service, including the ability for people with disabilities to live in communities of their choosing.

Over the next few months, DHS will be working on the following projects regarding Iowa's mental health and disability systems:

- MHI Taskforce
- Proposal to close MHI
- Mental Health Workgroup
- Acute Care Taskforce
- Mental Health and Disability Services Combines State Plan Initiative
- Systems of Care-Community Circle of Care
- Systems of Care for Children and Youth in Polk County
- Systems of Care-Emergency Mental health Crisis Services
- Disaster Mental Health Services
- Iowa Consumer Outcomes Measurement System
- Develop Co-occurring Psychiatric and Substance Abuse Disorders Competency and Program

Please let me know if you need additional information.

Thanks,
Molly



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DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

To: Legislators
Fr: Molly Kottmeyer, Department of Human Services
Re: Update on DHS projects #6-Mental Health Projects
Date: August 21, 2009

The Division of Mental Health and Disability Services (MHDS) is located in the Department of Human Services (DHS). The Department's goal is to implement a coordinated service system for all Iowans with mental illness, mental retardation, other developmental disabilities, or brain injury, in which individuals receive quality services that emphasize dignity and choice of service, including the ability for people with disabilities to live in communities of their choosing.

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MHI Taskforce:

Pursuant to HF 811, the Governor appointed a taskforce to perform an in depth review of the four mental health institutes. The taskforce is chaired by Ro Foege. The first meeting is scheduled for **Monday, August 24th from 10:30 - 3:00pm** at the Urbandale Public Library. At that meeting, the taskforce will set its schedule for future meetings that will include public meetings at each of the four MHIs. DHS has submitted a request to the Department of Economic Development to fund the economic impact analysis that is part of this taskforce's work. The taskforce report is due on December 15, 2009.

Proposal to close MHI:

Pursuant to HF 811, DHS must submit a proposal for closing one MHI while keeping the same number of beds and services in place. In developing its proposal DHS must incorporate or address the findings and recommendations of the MHI taskforce. The proposal from DHS is due on December 15, 2009.

Mental Health Workgroup:

Pursuant to House File 811, §56, the joint subcommittee chairpersons and ranking members are required to consult in appointing a taskforce of stakeholders for the 2009 Legislative Interim to address both funding and service issues associated with the service system administered by counties for adult mental health and developmental disabilities services. Due to the current budget situation, funding is not available for per diem and expenses for a taskforce. Instead, a work group will be formed with representatives from DHS, ISAC, service providers and consumers. The goal is to develop short and long term options for reforming the adult MH/DD services system and funding, including the following:

1. The current funding environment and temporary availability of federal stimulus package moneys may affect the county MH/DD service fund ending balances used for the distribution of allowed growth and risk pool funding. Provide options to address funding eligibility requirements, including ending balances, distribution requirements, and other elements.

2. The prospects for significant new state funding in the next few years are limited, federal funding availability is unknown, and local funding options are capped. Provide options for pilot projects that will use existing funding more efficiently and allow testing of new funding options.

Acute Care Taskforce

Beginning in Spring 2008, DHS convened a taskforce of more than 50 stakeholders from across Iowa to address the need for an improved emergency mental health crisis services system for Iowans. The goal of the taskforce was to review the current Iowa system and make recommendations for improving delivery of mental health crisis services. The taskforce has mapped out the current Iowa system for providing emergency mental health crisis services, identified strengths and system gaps, including increased use of the corrections system and increased use of more restrictive levels of psychiatric care than needed. The taskforce formulated a set of guiding principles to use in designing system recommendations and is developing recommendations to improve the system which are expected to include enhancing mental health practices in schools, establishing community based crisis stabilization/respite homes, jail diversion programs and enhanced police training about crisis intervention with mentally ill people, and expanding the role of community mental health centers in crisis response. The recommendations are targeted to be completed by October 2009.

Mental Health and Disability Services Combined State Plan Initiative

DHS has begun the process to develop a Combined State Plan for Mental Health and Disability Services. The purpose of the Combined Plan is three-fold:

- To develop a long term strategy for creating a service and cost effective service delivery system for all Iowans.
- To develop long term goals and objectives for service system improvements that are consistent with the vision and values expressed in Iowa Code (Section 225C), and with the U.S. Supreme Court's 1999 *Olmstead* decision.
- To develop system strategic priorities based on identified needs and opportunities to improve the quality of life for Iowans with mental illness or disabilities.

The Combined Plan will address the needs of individuals with mental illness, intellectual and developmental disabilities, and brain injury, both with respect to services and systemic improvements. Plan development will be preceded by a comprehensive needs assessment for all target populations. The Plan will be comprehensive, including community living issues related to housing, employment and other topics fundamental to meaningful consumer choice and consistent with federal mandates for State Mental Health Plans. DHS will employ a collaborative planning approach with other State agencies and stakeholders.

DHS is working with the University of Iowa (Center for Disabilities and Development, Iowa Consortium for Mental Health, and Center on Aging) to develop the combined state plan. A timetable has been established with a projected completion of initial parts of a draft combined plan framework by January 2010. DHS has started public discussions and presentations of the core principles of the plan in July and has given presentations at the Empowerment Conference to 160 consumers, the Olmstead taskforce, the five Olmstead Anniversary Celebrations, MHMRDDBI Commission, and other meetings are planned across Iowa as we focus on collecting stakeholder input.

Development of Systems of Care – Community Based Services for Children, Youth and Families

DHS is leading the development of local Systems of Care to establish a lead agency at the local/regional level responsible for providing or coordinating mental health and other services for children with mental health disorders and other disabilities and their families in the community. Mental health and disability services are coordinated with other aspects of the children's services network such as child welfare, juvenile justice, primary health care, substance abuse, inpatient/residential treatment, and/or education services. The lead agency also has responsibility for building the local network of supports and services so that Iowa's children and youth with mental health disorders and other disabilities receive services where they live, work, and learn, so they can remain with their families and in their communities. Systems of Care development for children and youth and also for adults is occurring in several areas in Iowa, as discussed below:

Systems of Care for Children and Youth – Community Circle of Care in the Dubuque Service Area (CCC):

Community Circle of Care is a joint state and federal system of care funded project site that serves children and youth with serious emotional disturbance (SED) and their families residing in 10 counties in NE Iowa: Allamakee, Buchanan, Clayton, Clinton, Delaware, Dubuque, Fayette, Howard, Jackson, and Winneshiek Counties. In order to be eligible for CCC services, children must live within the 10 county service area, be age 21 or younger, and have a diagnosed, or diagnosable, Axis I serious emotional disorder. SFY11 is the 5th year of a 6-year grant cycle. The project has been serving clients for approximately 16 months. The lead agency is the Child Health Specialty Clinic at the University of Iowa, which operates the Community Circle of Care.

The Community Circle of Care (CCC) uses a medical model and a family team approach to provide services to children and their families. CCC provides evaluation, diagnostic assessment, initial medication management, and care coordination services. Once children are stabilized and linked with community services, the child can be referred back to their own medical home for medication intervention, if needed, while remaining with CCC for ongoing intensive care coordination services. A total of 550 children and their families have received intensive services in the community through the Community Circle of Care during SFY09. Another 605 families have received information and referral services through CCC.

Systems of Care for Children and Youth in Polk County

Systems of Care for Children, Youth, and Families in Polk County is funded using a 24-month state appropriation of \$500,000 covering SFY10 and SFY11. Funding was awarded to Child Guidance Center, a Community mental health Center, to develop this project through a competitive bid process. This system of care (SOC) site is in the initial stages of implementation. The Systems of Care for Children, Youth and Families in Polk County is a community-based, comprehensive, family and youth-driven system of care that is fluid and flexible, while blending best practices with the needs, wants and preferences of the child, youth and family. Child Guidance Center will provide and/or coordinate services for children and youth with mental health disorders in the community so the children and youth can live with their families and remain in their communities. This agency will also coordinate mental health services with the services of education, child welfare, court services, juvenile justice, health care, substance abuse, and other services. Services will also include naturally existing informal and natural supports such as family, the faith community, mentors, and others.

Systems of Care Development - Emergency Mental Health Crisis Services

The Emergency Mental Health Crisis Services program is funded using a 24-month state appropriation of \$1,500,000 for SFY10 and SFY11. Through a competitive bid process (RFP), two service providers were chosen to provide the emergency mental health crisis services outlined in the Request For Proposal. The

providers chosen as contractors to provide these services were Eyerly-Ball Mental Health Center, covering Polk and Dallas County and Black Hawk-Grundy Mental health Center, covering Black Hawk and Grundy Counties. The Emergency Mental Health Crisis Services system of care includes two core components, mobile crisis services and a community partnership collaborative. Mobile crisis services will provide immediate screening and assessment for persons in crisis so they can receive quality, timely mental health and substance abuse services throughout the course of experiencing a crisis, stabilization after the initial crisis period, and promote a person-driven or family guided plan of recovery. The community partnership collaborative efforts will provide a structure in which community service providers, whose individual organizations serve people in crisis situations, come together to plan, coordinate and deliver services within a seamless community system of care for people in crisis.

In August 2009, Eyerly-Ball Mental Health Center notified DHS that it was withdrawing from contract negotiations. DHS is in the process of finalizing contract negotiations with Black Hawk-Grundy Mental Health Center and expects to complete these discussions by September 30, 2009. A delay in finalizing contract negotiations was necessitated by changes in funding for this project.

Other Systems of Care Projects

DHS has been working with stakeholder groups that are comprised of state and local government representatives, families of children, and other community partners on a second potential SAMHSA grant application to develop a local Systems of Care for Children, Youth, and Families in five eastern Iowa counties to provide community based services and supports to children and youth with serious emotional disturbance and their families. The lead agency for this system of care site will be the two community mental health centers who serve the five counties participating in project development. This planning effort is known as the East Central Iowa Children's Mental Health Initiative and includes the counties of Benton, Cedar, Johnson, Jones, and Linn. Although federal matching funds are significant, the federal grant application requires the support of state agencies and state matching funds. Pursuing this project is on hold due to funding issues.

Disaster Mental Health Services

The multiple natural disasters that occurred in Iowa in 2008 continue to have a tremendous and ongoing impact on the mental health needs of the state. DHS secured funding through FEMA to conduct a large-scale crisis counseling service program called *Project Recovery Iowa* to people affected by the disaster. Through two grants, DHS received a total of \$4,369,495 federal funds to provide a wide variety of outreach services extending over an 18 month period. This grant ends September 30, 2009.

Key results of this program as of July 2009 include:

- More than 133,000 in person contacts have been made
- Over 15,000 people received individual counseling
- More than 342,000 pieces of education material have been distributed
- More than 37,000 people heard counselors give presentations at meetings arranged by counselors or others

Project Recovery Iowa outreach workers (ORWs) continue to be involved in a wide range of community activities, including:

- Canvassing affected neighborhoods during evening and weekend hours.
- Staffing the local Jumpstart office.

- Attending the Cedar Rapids, Benton County and other farmer's markets and County fairs to distribute materials.
- Hold a monthly community resource meeting in which various agencies can share ideas and information.
- Continue to provide support and resources for existing different support groups. Mobile home community groups are having difficulty transitioning out of the group without PRI assistance. Staff discussed the situation in group meeting this week, offering suggestions for phasing out the groups.
- The local faith-based team met with staff from Mission of Hope, a local homeless shelter and community agency, to talk about an upcoming mission event, HopeFest.
- Two ORWs canvassed all local mobile home communities where there are FEMA homes to provide support and resources, as the deadline for moving out of the homes is quickly approaching.
- ORWs also continue to provide information to numerous businesses, for example, in Delaware and Clayton Counties and others, providing resources to more than 60 businesses in Hopkinton, Delhi, Manchester, Dundee, Volga, Elkader, Elkport, Garber and Littleport.

In addition to the outreach efforts, DHS secured additional federal funds through the HHS Social Services Block Grant in the amount of \$4,894,149 to develop several disaster related programs including a professional counseling services program offered at no cost to survivors called *Ticket To Hope*, a reimbursement program for counties covering mental health services to disaster survivors and enhanced disaster behavioral health training opportunities to communities and provider agencies.

DHS has developed a Disaster Behavioral Health Response Team (DBHRT) using a portion of the SSBG funds. The DBHRT has been established with six regional response teams trained and ready to respond immediately to the ongoing needs of communities affected by the 2008 disasters as well as to future disasters and critical incidents that local communities cannot adequately manage.

DHS responded to the shooting event in Parkersburg by activating the Disaster Behavioral Health Response Team for the first time since being created. Within hours of the event, we had 10 trained volunteers deployed. The DBHRT deployed 10 trained volunteers again in response to the recent Hardin County hail and wind event.

DHS staff continues to spend significant time supporting local and state level efforts through the provision of technical assistance, consultation, education and training related to the severe weather disasters of 2008.

Iowa Consumer Outcomes Measurement System

DHS has developed and implemented an outcomes measurement system intended to measure the quality of services delivered by mental health providers based on consumer reports. The system has been piloted for the past year. Currently, an adult outcomes tool is being utilized by several community mental health centers (CMHCs). A child outcomes tool is under development. All CMHCs receiving SAMHSA mental health block grants are required to report outcomes for all consumers by July 2010. Referred to as the Iowa Consumer Outcomes Measurement System (ICOMS), these tools provide consumer self-reported information to providers that can be used for planning and quality improvement, including identifying best practices. For the clinician, ICOMS offers a means of identifying consumer strengths and a way to monitor changes in the consumer's progress.

Develop Co-occurring Psychiatric and Substance Abuse Disorders Competency and Programs

Recognizing that individuals with co-occurring psychiatric and substance abuse disorders are an expectation, not an exception, DHS, in partnership with Iowa Department of Public Health, has implemented a series of trainings for mental health and substance abuse service providers and other

interested stakeholders geared to promote the system changes needed to provide more welcoming, accessible, comprehensive, continuous, integrated services to individuals and families with co-occurring disorders. The trainings, held bi-monthly, incorporate an integrated treatment philosophy and common language using the guiding principles developed by the group to develop specific strategies to implement clinical programs, procedures and practices in accordance with the principles throughout the systems of care. The goal of the trainings is to significantly improve the delivery of care for individuals with co-occurring, psychiatric and substance disorders throughout the entire service system. A system change will also create new and welcoming places for individuals to enter the system and receive the care they need.